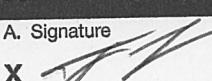


5123 CV-120 # 14

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Complete items 1, 2, and 3.<input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.		A. Signature  <input checked="" type="checkbox"/> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Paul Nicoletti #55819-039 MORGANTOWN FEDERAL CORRECTIONAL INSTITUTION Inmate Mail/Parcels P.O. BOX 1000 MORGANTOWN, WV 26507		I. (Printed Name) T. L. K.	C. Date of Delivery 6-1-23
		Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
		FILED JUN - 5 2023	
		3. Service Type U.S. DISTRICT COURT WHEELING, WV 26001 <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery Mail Mail Restricted Delivery (over \$500)	
9590 9402 7976 2305 6721 74		Domestic Return Receipt	
7022 0410 0002 2769 4970			
PS Form 3811, July 2020 PSN 7530-02-000-9053			